North Carolina Industrial Commission

NOTICE OF AWARD

IC File # _____

Emp. Code # _____

Employer FEIN _____

Carrier File # _____

The Use of This Form Is Required Under The Provisions of the Workers' Compensation Act.

Carrier Code # _____

Employee's Name	Employer's Name ( ) Telephone Number
Address	Employer's Address City State Zip
City State Zip	Insurance Carrier
( ) Home Telephone ( ) Work Telephone	Carrier's Address City State Zip
(M) (F) Social Security Number Sex / / Date of Birth	( ) Carrier's Telephone Number ( ) Fax Number

The above parties have previously submitted an agreement for compensation for disability or death on Form _____. The Commission entered an award in the case upon receipt of the agreement. The Commission has now been informed that _____.

Therefore, the original award is amended as follows:

As above mentioned, said Agreement is hereby approved. This is a formal award of the Industrial Commission. Any interested party may give notice of appeal therefrom within fifteen (15) days or receipt of this award.

SIGNATURE TITLE DATE

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8/08
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FORM 30A

MAIL TO:
NCIC - CLAIMS ADMINISTRATION
4335 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4335
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.COMP.STATE.NC.US/